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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sweeney, Patrick J.
Title: MODULAR CANNULATED
TOTAL JOINT PROSTHESIS
Appl. No.:
Filing Date:
Examiner:
Art Unit:

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EL 979074903 US (Express Mail Label Number)	12/8/03 (Date of Deposit)
Andrea Albers (Printed Name)	
<i>Andrea Albers</i> (Signature)	

**UTILITY PATENT APPLICATION
TRANSMITTAL**

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Patrick J. Sweeney
1711 Pinehurst Lane
Flossmoor, IL 60422

Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

Specification, Claim(s), and Abstract (15 pages).

Formal drawings (9 sheets, Figures 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16).

Declaration and Power of Attorney (3 pages).

Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00	\$770.00
Total Claims:	38	- 20	= 18	x \$18.00	\$324.00
Independents	4	- 3	= 1	x \$86.00	\$86.00
If any Multiple Dependent Claim(s) present:			+	\$290.00	\$0.00
				SUBTOTAL:	\$1180.00
[X]		Small Entity Fees Apply (subtract ½ of above):		=	\$0.00
				TOTAL FILING FEE:	\$590.00

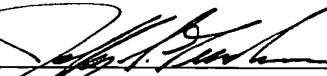
[X] A check in the amount of \$590.00 to cover the filing fee is enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 12/8/03

By 

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